NOV 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38826

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township ~~Clayton~~ — Primary Registration District No. 60339 — Registered No. 397
City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Freddie George President
(a) Residence, No. 6152 Minerva, Wellstan, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 16, 1928

7. AGE: 9 YEARS — MONTHS: 6 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) October, 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

FATHER
13. NAME Horace President
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Gibson Mississippi

MOTHER
15. MAIDEN NAME Laura Essic
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Mrs Laura President 6152 Minerva Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE Oct. 30, 1937

19. UNDERTAKER (ADDRESS) Chas J. Gallo 4107 Finney Avenue

20. FILED 10/30, 1937 Dr A J Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-6-37, 19 to 10-25-37, 19
I last saw him alive on 10-25-37, 19 Death is said to have occurred on the date stated above, at 5:45 P.M.
The principal cause of death and related causes of importance were as follows:

Ruptured Appendix with Fulminating Peritonitis

Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. A. Nussbaum, M. D.
(Address) St. L. County Hospital

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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